

# Pediatric Emergencies – Anaphylaxis and Acute Allergic Reactions

1113

Allergic reactions can range from mild local eruptions to severe and life threatening multisystem systemic illness. The most common presenting complaints involve the dermatologic and respiratory systems. Gastrointestinal and cardiovascular involvement does frequently occur as well. Early recognition, rapid evaluation, and prompt intervention are necessary to prevent a potentially fatal outcome. Treatment always begins with attention to the airway.

## Basic Life Support

1. Maintain airway.
2. Oxygen:
  - 2a. 15 LPM via non-rebreather mask.
  - 2b. Ventilate with 100% oxygen via Bag Valve Mask, if necessary.
3. Monitor vital signs, including Pulse Ox.
4. Call for ALS backup early.
5. Transport ASAP.

## Advanced Life Support

1. Evaluate airway patency and cardiopulmonary status. Adjust oxygen flow rate according to signs and symptoms. Attempt to maintain SaO<sub>2</sub> > 95%. Early intubation may be necessary. Consider length based resuscitation tape.
2. Administer albuterol via Nebulizer for respiratory distress.
  - 2a. (< 12 Months old)  
Dose: NEB 0.25 ml. of 0.5% Albuterol with 3 ml. NS
  - 2b. (> 12 Months old)  
Dose: NEB 0.5 ml. Of 0.5% Albuterol with 3ml. NS
3. Administer epinephrine (1:1000 solution) in the patient with profound hypotension and associated signs and symptoms of anaphylactic shock to include impaired tissue perfusion and altered level of consciousness. Dose 0.01 mg/kg (0.01ml/kg) of the 1:1000 solution to a max dose of 0.3 mg (0.3 ml) subcutaneously (SQ).
4. IV or IO Normal Saline, LR.
5. Consider fluid bolus of 20 ml/kg up to a total of 3 (three) boluses.
6. Administer diphenhydramine IV, IM.  
Dose: 1 (one) mg/kg

## Key Points/Considerations

1. Be extremely careful with Iv epinephrine. DOUBLE CHECK ALL DOSES! If IV epinephrine is given to normal patient serious negative reactions including Ventricular Tachycardia may result.
2. It is extremely important to reassure a frightened child. The EMS professional should offer an explanation of every procedure prior to its use.

Service Director Initials \_\_\_\_\_

Medical Director Initials \_\_\_\_\_

Date Approved By KBEMS \_\_\_\_\_

Page 1 of 1